IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Shinichiro GOMI et al.
Serial No.	:	09/464,161
For	:	IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD, PROVIDING MEDIUM AND PRESENTATION SYSTEM
Filed	:	December 16, 1999
Examiner	:	K. Nguyen
Art Unit	:	2674

RECEIVED

NOV 0 3 2003

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on **October 28, 2003**.

_____**Dennis M. Smid, Reg. No. 34,930**_____
(Name of Applicant, Assignee or Registered Representative)

_____
Signature

_____October 28, 2003_____
Date of Signature

AMENDMENT

Mail Stop **Non-Fee Amendment**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action dated July 28, 2003, please amend the

above-referenced application as follows:

00150100.DOC

2674
PATENT
450100-02228

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N.Y. N.Y. 10151

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450 Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

__X__ No additional fee is required.

___ The fee has been calculated as shown below.

___ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	6	Minus	= 20	0 ×	$18(9)	= $00.00
Independent claims	4	Minus	= 4	0 ×	$84(42)	= $ .00
			Total additional fee for this amendment			$ .00

*   If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**   If the highest number of total claims previously paid for is less than 20, write "20" in this space.
***   If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

___ This application contains a multiple dependent claim. The required fee of $280 ($140) has been previously paid _, or is paid herewith _.

___ This response is being filed within the _ first month, _ second month, _ third month, _ fourth month following the expiration of the term originally set therefor, and the fee of _ $110 ($55), _ $420 ($210), _ $950 ($475), _ $1,480 ($740) for the requisite extension _ paid herewith.

___ A check in the amount of $ .00 is attached.

___ Charge $_ to Deposit Account No. 50-0320.

__X__ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 28, 2003.

Dennis M. Smid, Reg. No. 34,930

_____
Name of Applicant, Assignee or Registered Representative

_____
Signature

October 28, 2003

_____
Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

_____
By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800

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